

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS			
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1									
2		1								
3		1								
4	1									
5	1									
6		(1)								
7		1								
8		(1)								
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TOTAL IND.	(1)									
TOTAL DEP.	(1)									
TOTAL CLAIMS	(1)									